

RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE - G.A.U. 2643

9-5-61 TRR

35.C10516 Cont. I

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TAKEHIRO YOSHIDA Application No.: 08/825,585		Examiner: G. Eng	
		Group Art Unit: 2643	
			RECEIVED
Filed: April 1, 1997)		SEP 0 1 200
For: COMMUNICATION APPARATUS FOR SELECTING A COMMUNICATION PROTOCOL COMPATIBLE TO A PRINTER STATION AND EXECUTING THE SELECTED PROTOCOL	:) :) :	August 30, 2001	Technology Center 2600
_			

Commissioner for Patents Box AF Washington, D.C. 20231

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated February 26, 2001, and from a Notice of Appeal timely filed on August 27, 2001, please amend the above-identified application pursuant to 37 C.F.R. § 1.116 as follows:

IN THE CLAIMS:

Please amend Claims 1, 6, 11 and 18 as follows:

A marked-up copy of Claims 1, 6, 11 and 18, showing the changes made thereto, is attached.



RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE - G.A.U. 2643

In re Application of:

TAKEHIRO YOSHIDA

Application No.: 08/825,585

Filed: April 1, 1997

For: COMMUNICATION APPARATUS FOR

SELECTING A COMMUNICATION PROTOCOL COMPATIBLE TO A PRINTER STATION AND EXECUTING THE SELECTED PROTOCOL

Docket No. 35.C10516C

Examiner: G. Eng

Group Art Unit: 2643 RECEIVED

SEP 0 4 2001

Technology Center 2600

Date: August 30, 2001

COMMISSIONER FOR PATENTS

Box AF

Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	**	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 4	MINUS	***	= 0	x \$40 \$80	\$0.00
Fee for Multiple Dependent claims \$135°/\$270					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

,	
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a _ month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Registration No. 25,823

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
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